

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584254

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2				1			
3			1				
4				1			
5					1		
6					1		
7					1		
8					1		
9					1		
10					1		
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45					1		
46					1		
47					1		
48					1		
49					1		
50					1		
TOTAL IND.			4				
TOTAL DEP.		↔	11	↔			↔
TOTAL CLAIMS			15				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		↔			↔		↔
TOTAL CLAIMS							